

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Alan S. Brown

Mailing Address 1912 Alta Vista Court
801 S Washington StreetCity State Zip Code
Naperville IL 60567FEC ID number of contributing
federal political committee.**C**Name of Employer
Midwest Heart SpecialistsOccupation
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	3	0	/	2	0	0	8

Transaction ID: 4c0bb574f6bfb106ebde

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Luis J. Caceres

Mailing Address 846 Fairground Circle Drive

City State Zip Code
Oregon IL 62524-3010FEC ID number of contributing
federal political committee.**C**Name of Employer
PCCOccupation
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	0	7	/	2	0	0	8

Transaction ID: dcbc423b70654d4a94ff

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Linda P. Calhoun

Mailing Address 106 Chimney Lane

City State Zip Code
Wilmington NC 28403-5345FEC ID number of contributing
federal political committee.**C**Name of Employer
Wilmington Cardiology PLLCOccupation
CLINICAL CARDIOLOGY/GENERAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	0	7	/	2	0	0	8

Transaction ID: 09cbc57c709745aaba7

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1100.00

TOTAL This Period (last page this line number only)